

LOBBYIST REGISTRATION

L1

THIS SPACE FOR OFFICE USE

1. Lobbyist Name		Business Telephone Numbers	
Permanent Business Address		Permanent ()	
City		Temporary ()	
State		Cell Phone ()	
Zip		or Pager	
		E-Mail Address	
2. Temporary Thurston County address during legislative session		Employer's occupation, business or description of purpose of organization	
3. Employer's name and address (person or group for which you lobby)			
4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports.			
5. What is your pay (compensation) for lobbying ? \$ _____ per _____ (hour, day, month, year) Other: Explain:		Description of employment (check one or more boxes) <input type="checkbox"/> Full time employee <input type="checkbox"/> Part time or temporary employee <input type="checkbox"/> Contractor, retainer or similar agreement <input type="checkbox"/> Unsalared officer or member of group <input type="checkbox"/> Sole duty is lobbying <input type="checkbox"/> Lobbying is only a part of other duties	
6. Are you reimbursed for lobbying expenses? Explain which expenses. <input type="checkbox"/> Yes: \$ _____ per _____ <input type="checkbox"/> Yes: I am reimbursed for expenses. <input type="checkbox"/> No: I am not reimbursed for expenses.		Does employer pay any of your lobbying expenses directly? If yes, explain which ones.	
7. How long do you expect to lobby for this organization? <input type="checkbox"/> Permanent lobbyist <input type="checkbox"/> Only during legislative session <input type="checkbox"/> Other, Explain:			
8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year. <input type="checkbox"/> No <input type="checkbox"/> Yes. However, no member has paid, pays, or is expected to pay over \$500. <input type="checkbox"/> Yes. The list is attached			
9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee. <input type="checkbox"/> No <input type="checkbox"/> Yes. Name of the committee is:			
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)			
11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:		Remarks:	
CODE SUBJECT CODE SUBJECT 01 <input type="checkbox"/> Agriculture 08 <input type="checkbox"/> Fiscal 02 <input type="checkbox"/> Business and consumer affairs 09 <input type="checkbox"/> Higher education 03 <input type="checkbox"/> Constitutions and elections 10 <input type="checkbox"/> Human services 04 <input type="checkbox"/> Education 11 <input type="checkbox"/> Labor 05 <input type="checkbox"/> Energy and utilities 12 <input type="checkbox"/> Law and justice 06 <input type="checkbox"/> Environmental affairs - natural 13 <input type="checkbox"/> Local government resources - parks 14 <input type="checkbox"/> State government 07 <input type="checkbox"/> Financial institutions and 15 <input type="checkbox"/> Transportation insurance 16 <input type="checkbox"/> Other - Specify:			
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.		EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.	
12. LOBBYIST'S SIGNATURE DATE		EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE	